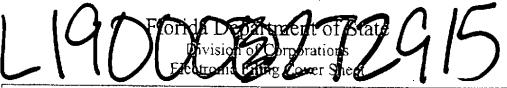
6/10/2021

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000230037 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : I20190000044 Phone : (407)888-3131

Fax Number : (888)453-0509

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ZAIN'S TOWING LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

H210004360373

COVER LETTER

TO: Registration Se Division of Cor			
	WING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	ED KOTLER		
		Name of Person	
	TAX ZONE INC		
		Firm/Company	
	8865 COMMODITY CIR	SUITE 4	
	<u> </u>	Address	
	ORLANDO, FL 32819		
		City/State and Zip Code	
	ACCOUNTANT@TAXZO		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	oncerning this matter, please of	all:	
ED KOTLER		407 888-3131 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ection
Division of C		Division of Cor	rporations
P.O. Box 632	27	The Centre of I	
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

8884530509		From: Tax Zone
421000230	C SECRIFICATION OF	

ZAIN'S TOWING LLC		この こうしゅ	~~
(Name of the Limited	Liability Company as it now apnears on ou Visionida Limited Liability Company)	r records.)	8: 4.1
The Articles of Organization for this Limited Lia	bility Company were filed on $\frac{11/14/201}{1}$	9 and assigned	
Florida document number L19000272915	 ·		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company here:		
N/A			
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."	_
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			_
(Mailing address MAY BE A POST OFFICE B	<u>0x)</u>		_
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address on our records here:	, enter the name of the new regis	stered
Name of New Registered Agent:			_
New Registered Office Address:	Enter Florida stre	et uddress	
	City	. Florida	_
	t. <i>np</i>	7.45 1.1840	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

H21000 2300 843

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	XAVIER ALEXANDER PAUL KI	628 REGENCY WAY	🖸 Add
		KISSIMMEE, FL 34758	=Remove
MGR	MOHAMMED ABUZAYYAD	11755 Verrazano Dr	≅ Add
		11755 Verrazano DrOrlando, FL 32836	
			Change
			DAdd
			□Remove
]Change
			
			□Remove
			□Change
			□Add
			□ Remove
			Change
			🗀 Add
			□Remove
			□Change

Page: 8 of 8

MGR

N/A	·	 		
<u> </u>				
				
			 	
Tective date, if other than the date an effective date is listed, the date must be ote: If the date inserted in this block neument's effective date on the Department's	c does not meet the applicable statu	Hillis of Hillic than to days are, t	iling.) Pursuant to 605.03	207 (3) as the
· · · · · · · · · · · · · · · · · · ·				
record specifics a delayed effective d Lis filed.	ate, but not an effective time, at 12	:01 a.m. on the earlier of: (b)	The 90th day after t	he

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

Typed or printed name of signee